CENTERS FOR MEDICARE AND MEDICAID SERVICES		OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANŞMITTAL NUMBER:	2. STATE
	12-006C	Arizona
STATE PLAN MATERIAL	12 0000	
	a procession in the second of	TI E VIV OF THE
FOR: Centers for Medicare and Medicaid Services	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR, Centers for Medicare and Medicard Services		
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE October 1, 2012	
CENTERS FOR MEDICARE AND MEDICAID SERVICES		
DEPARTMENT OF HEALTH AND HUMAN SERVICES		
5. TYPE OF PLAN MATERIAL (Check One):		
☐ NEW STATE PLAN ☐ AMENDMENT TO BE	CONSIDERED AS NEW PLAN	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)		
		n umenumeni)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	
42 CFR 447, Subpart C	FY13: \$ N/A (4,224,900)	
•		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS	SEDED PLAN SECTION
6. TAGE NOWIDER OF THE FEAR SECTION OR ATTACHMENT.	OR ATTACHMENT (If Applicable):	
	OK ATTACHMENT (IJ Applicable):	
Page 5(c) of Attachment 4.19-B		
	N/A	
	·	
10. SUBJECT OF AMENDMENT:	, and a second s	
10. SOBJECT OF AMENDMENT.		
		a 1 00 0010
Continues current reimbursement rates for other providers du	aring the period October 1, 2012 to	September 30, 2013.
11. GOVERNOR'S REVIEW (Check One):	<b>—</b>	
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT	oxtimes OTHER, AS SPECIFIED:	
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED		
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
12 OVOLUMENTO DE CENTRE A CENTRA OFFICIAL	16 PETUDALTO	
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
	Monica Coury	
	801 E. Jefferson, MD#4200	
1 Commission of the Commission	Phoenix, Arizona 85034	
13. TYPED NAME:	Filoenix, Arizona 63034	
Monica Coury		
14. TITLE:	1	
Assistant Director		
	-	
15. DATE SUBMITTED:		
July 13, 2012		
FOR REGIONAL OI	FICE USE ONLY	
17. DATE RECEIVED:		9612
	18. DATE APPROVED: FEB 0 6	2013
July 13, 2012	A CONTINUE TO THE	
	E COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20(SIGNATURE OF REGIONAL OF	FICIAL:
October 1, 2012	Jan VI	ell
21. TYPED NAME:	22. TITLE: Associate Regional Admi	nietrotor
# 보통 발생으로 발표하다 경험 등을 통해 되었습니다. 그는 그는 그는 그는 그를 가장 하는 것이다. 그는 그는 그는 그는 그는 그는 것이라고 하는 것이다. 그는 것이다. 그는 그를 가장 하는 것이다.		
Gloria Nagle	Division of Medicaid & Children's He	eann Operations
23. REMARKS:		
Box 7 Pen & ink change made per CMS request and State agreement on	12/3/12 to reflect savings for FY13 (savi	ngs amount provided in
RAI response dated 9/20/12). Note: no FY14 estimate is needed since t		
MALTOSPONSE dated 3/20/12). Note, no 1/1/14 estimate is needed since t	mo 15 a one-year amendment that ends on	A COLUMN TO SECURE
	·	
	그는 그는 사람이 그리고 얼마를 들었다.	